

VOTE YES TO SUPPORT HB24-1149:

PRIOR AUTHORIZATION REQUIREMENTS ALTERNATIVES

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PRIOR AUTHORIZATION IS HURTING PATIENTS

The numbers say it all – **94% of physicians** report **care delays** because of prior authorizations and 80% of physicians report that prior authorization can lead to **treatment abandonment**.ⁱ

It's time to remove unnecessary burdens on necessary care. HB24-1149 will make important improvements to the prior authorization process for patients including:

Preventing disruptions in approved care

- Ending repeated prior authorizations for patients with chronic conditions after their drug has been prescribed and approved the first time.
- Extending prior authorization approvals to last for 1 year or through course of treatment.
- Protecting patients from denials for approved care that during treatment requires additional or different medically necessary care.

Improving transparency to prevent confusion and waste

- Adopting a standard formulary template that is publicly available to help patients understand their benefits and to alert prescribers about what preferred medications are covered, including the specific prior authorization criteria.
- Posting prior authorization data on public-facing websites for all health plans while including more actionable data on prior authorizations to help improve the process.

Rewarding great care with fewer barriers

- Incentivizing cost-effective, quality care by providing alternatives or exempting physicians from prior authorization requirements that consistently demonstrate care that aligns with health plan guidelines.

Physicians report that:ⁱ



of prior authorizations led to patient hospitalization



of prior authorizations led to a serious adverse health event



of prior authorizations led to life-threatening events or need for medical care to prevent permanent damage

See "How Cigna Saves Millions by Having Its Doctors Reject Claims Without Reading Them." ProPublica 3/25/23

Inequitable impacts: Barrier to necessary care



Prior authorizations disproportionately impact Coloradans with disabilities or low incomes, women, and people of colorⁱⁱ



One in three patients report either delaying or forgoing needed health care because of an administrative task (like prior authorizations)ⁱⁱ



of patients in fair/poor physical health status report that their health insurance denied or delayed their necessary medical treatment, service, or drugⁱⁱⁱ



Chronic disease patients who are Black or Hispanic experience prior authorization denials at a 19%-40% greater rate than white patients^{iv}

"If my doctor had not given me samples, (it took over two weeks for the authorization to go through) I would have possibly been dead. After five years they decide I need a prior authorization..."

— Kathy

HEALTH CAN'T WAIT! SUPPORT HB24-1149



Colorado Chapter



Sources:
 i. 2022 AMA Prior Authorization Physician Survey
 ii. "Patient Administrative Burden in the US Health Care System" Kyle, Frakt. Health Ser Research, Oct. 2021
 iii. KFF Survey of Consumer Experience with Health Insurance, Feb 21-Mar. 14, 2023 Kyle, Frakt. Oct. 2021
 iv. Health Disparities and Medication Access," Institute for Patient Access. December 2022.